Newsletter of the VA Special Interest Group of the Consortium of MS Centers

VA SIGNATURE

Volume 5, Number 4, Winter 2007

Welcome to Our Latest Edition

Our goal is to provide a medium for VA MS professionals to share expertise and improve care for MS patients. We welcome your thoughts, comments, and participation.
Please pass this issue along. If you know someone who wishes to be included on the electronic distribution list, forward the email address to the editor.

A Letter from the VA-SIG Chair

Happy Holidays!

As the new year dawns, I would like to encourage each of you to make plans for the Consortium of Multiple Sclerosis Centers (CMSC) annual meeting May 30–June 2 in Washington, DC. CMSC consistently produces a conference with up-to-the-minute focus on MS care, valuable emphasis on a team approach, stimulating research reviews, and an excellent opportunity for networking. This year, there will be a joint meeting with America's Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS).

A tentative program is available for review on the CMSC website, www.mscare.org. CMSC welcomes abstracts for the conference, and you can review suggested topics for abstract submission on the Website. The deadline for submitting an abstract is January 15, 2007.

Please encourage your team members and professionals in training to attend this very important meeting. CMSC offers scholarships to assist with the costs; see the website for details. Many institutions promote education and may have funds available to support "students" attending this meeting. Facilities that do not have the resources to fully fund a student may be able to contribute a smaller amount. By planning ahead, we can work together to encourage and support students who will be the future health-care professionals for patients with MS.

Finally, we would like to thank Paralyzed Veterans of America and United Spinal Association for their continued and unwavering support of the VA-SIG and to improved MS care for our veterans. This is truly a joint effort that would not be possible without them.

Sincerely,

Peggy A. Coffey, MD
peggy.coffey@va.gov
VA-SIG Chair

In this Issue:

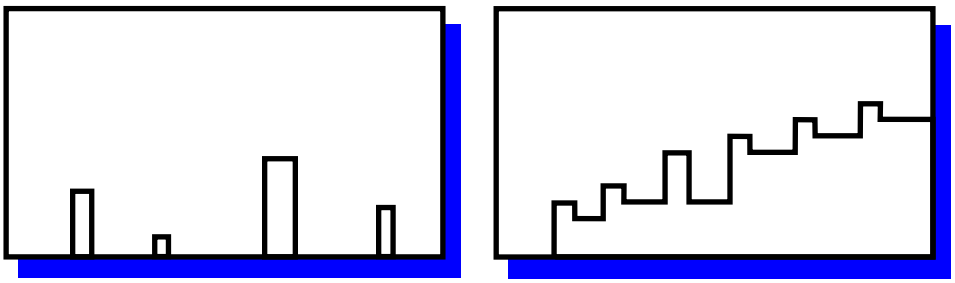
In this issue we continue the series of articles to help clinicians diagnose and treat MS. An article on MRI and MS will be published next quarter.

Multiple Sclerosis: Subtypes

by James Bowen, MD

The description of MS subtypes arose from the need to have a common language to describe the clinical course of the disease. Defining the terms used to describe subtypes was important not only to physicians trying to describe what was happening to their patients, but also to researchers. In clinical trials, the more homogeneous the study population, the fewer patients are needed to demonstrate the benefits of a medication. Carefully defining clinical subtypes improves our ability to identify homogeneous groups of patients.

Relapsing/remitting



Relapsing/remitting MS is characterized by the abrupt onset of neurological dysfunction occurring over several hours or days. This is followed by recovery, which may be complete (left panel), but more commonly is partial so that there is a residual disability (right panel). Relapses last at least 24 hours, but commonly last days to weeks. Disability that worsens through a series of attacks is still classified as relapsing/remitting MS.

Recognizing the need for improved definitions, the National MS Society conducted a survey of physicians who specialized in treating MS (Lublin FD, Reingold SC. Defining the clinical course of multiple sclerosis: results of an international survey. Neurology 1996;46:907-911). There was consensus regarding the definitions of four subtypes of MS: relapsing/remitting, primary progressive, secondary progressive, and progressive relapsing. These are the only currently recognized subtypes of MS.

There was no consensus on other definitions of possible subtypes, including chronic progressive, benign, and malignant MS. Because their definitions are unclear, use of these terms is discouraged.

The four recognized terms are used primarily for descriptive purposes. Though patients are often concerned about which type of MS they might have, the use of subtypes in predicting the prognosis is limited. The time from diagnosis until impairment of gait is longest for relapsing/remitting MS. This is probably because relapsing/remitting MS is often diagnosed earlier than other subtypes because patients present with an acute attack that brings them to medical attention. In contrast, most patients with primary progressive MS present with slowly worsening spasticity that may take several years to recognize and diagnose. Once patients develop disability, however, the prognosis is the same for the different subtypes of MS. For example, the time it takes to move from difficulty walking to needing a cane, or needing a wheelchair, is the same for all subtypes (see Confavreux C et al. Relapses and progression of disability in multiple sclerosis. *N Engl J Med* 2000; 343:1430-1438).

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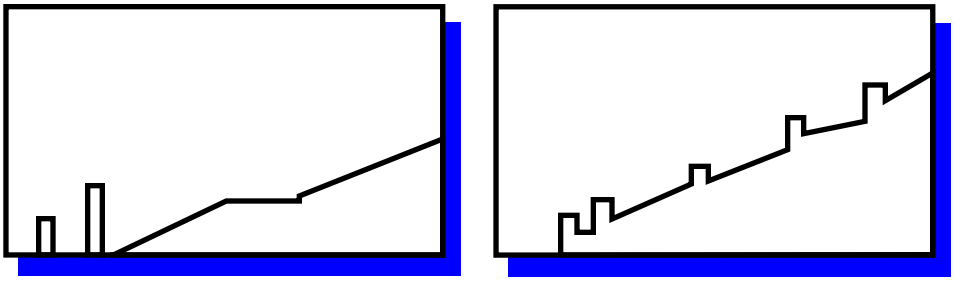
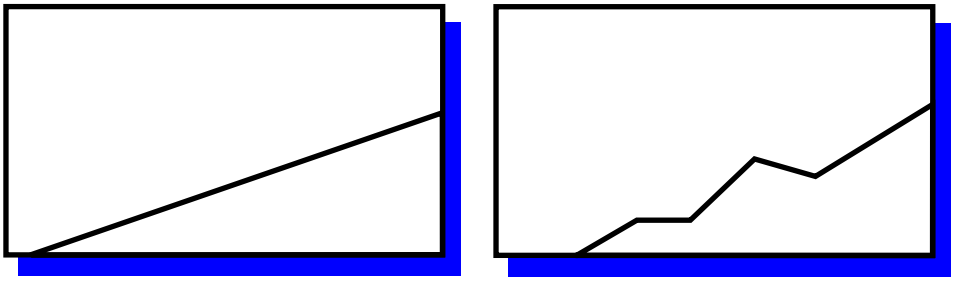
The use of MS subtypes to select a homogeneous population for research studies has led to most medications being tested using relapsing/remitting disease. Relapsing/remitting MS is both the most common subtype and the easiest to study. Research using relapsing/remitting MS requires fewer patients, simpler outcome measures, less time, and therefore less money to achieve a conclusion.

Secondary progressive



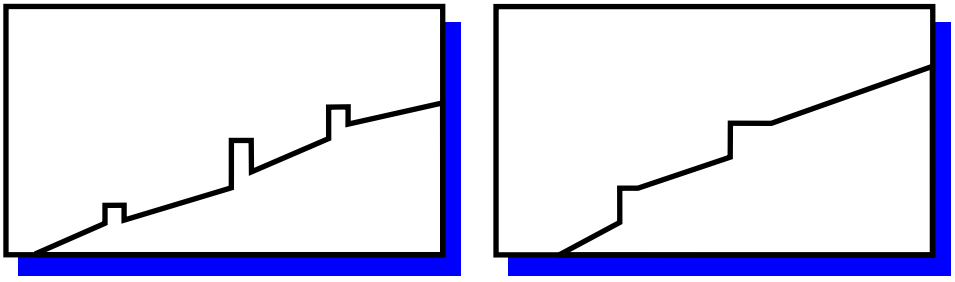
Secondary progressive MS starts as relapsing/remitting disease. After a period of time, the secondary progressive phase begins. This is characterized by slow worsening of baseline symptoms. Attacks may (right panel) or may not (left panel) continue during the progressive phase. Secondary progressive MS differs from relapsing/remitting MS in that the baseline slowly worsens between attacks.

Primary progressive



Primary progressive MS slowly worsens from the onset. By definition, patients do not have attacks. Progression may be steady (left panel) or may have periods of faster or slower progression (right panel). There may even be periods of slight improvement. It is the complete absence of attacks that identifies this subtype.

Progressive/relapsing



Progressive/relapsing MS begins like primary progressive, but relapses develop later in the disease course. Following these relapses, there may be recovery (left panel) or no recovery (right panel).

Measuring clinical outcomes in studies of primary and secondary progressive forms is more difficult. Negative results from studies of progressive forms of MS must be interpreted carefully because they may reflect inadequacies in our ability to measure outcomes, technical difficulties in conducting the study, patients entering the study later in the course of the disease, or differences in the biology of MS subtypes. Because of these limitations, the use of MS subtype to select treatments for individual patients is not applied uniformly among MS specialists.

For this Newsletter:

What would you like to see here?

Please SUBMIT:

- Forum topics
- Clinical questions
- Research topics
- Ongoing MS projects
- QI issues
- Outcome measurements
- Team initiatives
- Announcements

Please contact the *VA-SIGnature* editor, Deborah Downey, NP, at *deborah.downey@va.gov*.

Maximizing VERA Reimbursement for Multiple Sclerosis Veteran Patients

by Rich Kazel

The VA Web page, http://vaww.arc.med.va.gov/references/updated priority level desc 032006.pdf. provides explanations of different eligibility/priority groups. As of this date, the FY-07 VERA pricing is not available.

When referencing VERA patient class, multiple sclerosis is number 21—multiple medical. This is in VERA price group 5.

All patients with MS without pharmaceuticals are class #18 in the patient classification hierarchy. The MS patient class is based on diagnosis criteria. The critical element will always relate to appropriate medical documentation of the health status. The coding of such patients is determined from this information. The patient treatment file (PTF) for the patient clinical encounter will be the data source, and the code for MS will be 340.00.

MS patients with pharmaceuticals are class #21 in the patient classification hierarchy. A PTF is generated for every inpatient hospitalization and bed transfer. A PTF documenting ICD-9 diagnosis code 340.xx as a primary diagnosis, or one of the four secondary diagnoses, will qualify for this class. Patients receiving Avonex Rebif, Betaseron, or Copaxone will qualify for this class.

Based on all the above information, it would be worthwhile to work directly with both your pharmacy manager and your HIMS manager to run a sort of all patients utilizing any of the above medications to ensure that they are appropriately coded as 340.00. This will ensure the maximum reimbursement under VERA. A similar approach would be to run a sort of patients under the classification to see if they are on one of the approved medications.

For further details, do not hesitate to outlook email or call Richard G. Kazel, manager of the Medical/Surgical VA Care Line at the VA Medical Center, Syracuse, New York, at (315) 425-2405.

WEB REVIEW

In this issue we review two websites, both strongly involved in patient advocacy and clinician education.

www.nmss.org

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This is the official website of the National MS Society (NMSS). On the patient side of the site there are links to the state and local organizations, to major fundraising programs such as the MS 150 and MS Walks, educational articles for patients, and a link to www.faceofms.org. This is a fairly new area that allows patients to describe their MS and is available on audio through the web.

The professional side of the site has links to headlines; current MS news; clinical trial information; and grant, scholarship, fellowship, and training opportunities. There are also links to guidance documents, expert reviews, and a library of MS information. For difficult patient questions, it is possible to request a clinical consultation. Finally, there are links to other MS sites. The search engine is straightforward and easy to use.

www.mscare.org

www.mscare.org

This is the official website of the Consortium of MS Centers (CMSC). It also has a patient education side with links to educational materials and other MS sites. The real strength of this site is its professional side, which offers links to the latest research news. There is current information on the upcoming annual meeting with directions for submitting abstracts. "Meet the Expert" articles cover a wide range of topics and are multidisciplinary. There is a lengthy list of free CME MS topics available. There is also a link to the *International Journal of MS Care*, which includes back issues, full-length articles in PDF format, and an easy-to-use search engine. This issue's literature review article is available on this site.

Both these sites offer valuable information for both patients and clinicians. Both are easy to search, offer professional education, and have links to other MS Internet portals. The strength of the NMSS site is its patient advocacy and patient information, with links to the local MS Society offices. The strength of the CMSC site is its multidisciplinary focus, along with the back issues of the journals.

Annual Meeting of the Consortium of MS Centers

This year's annual meeting will be held in Washington, DC, May 30–June 2. The theme will be "The Challenges of Care and Research in Multiple Sclerosis." We encourage you to consider submitting an abstract or poster session for presentation. This newsletter includes the abstract form; full details are available at www.mscare.org.

Literature Review for this Issue...

Karpatkin, H. I. "Multiple Sclerosis and Exercise: A Review of the Evidence." *International Journal of MS Care*.7, 2005:36-41

As the author points out, there is a dearth of information on the use of exercise for patients with MS. This article is a comprehensive review of the topic that discusses strength training, aerobic training, and respiratory training and presents exercise guidelines and cautions for MS patients. It is also available at:http://www.mscare.org/cmsc/images/journal/pdf/journal_2005_v7_2_multiple_sclerosis.pdf (Accessed 12/1/06)

EDUCATIONAL OFFERINGS

Monthly Conference Calls for CME Accreditation

The MS Centers of Excellence will have the following education calls at call number (800) 767-1750, access code 43157.

Dates

January 9 & 10, 4:00-5:00 PM EST

Physicians' CME—0.75 hrs.

Speaker— Michael Levin, MD
Case Report: "Clinical Stabilization of a Multiple Sclerosis Patient After Tonsillectomy"

January 17 & 18, 12 Noon-1:00 PM EST

Nurses' CEU—0.9 hrs.

Speaker—Lynn Hammel, MS, CRNP
"Holistic Approach to Treating MS Patients: When Depression Strikes"

February 13 & 14, 4:00-5:00 PM EST

Physicians' CME—0.75 hrs.

Speaker—Walter Royal, MD
"Pros and Cons of Vaccinations for Patients with Multiple Sclerosis"

February 21 & 22, 12 Noon-1:00 PM EST

Nurses' CEU—0.9 hrs.

Speaker—Rachel Palmieri, MSRN, C/RNP
"Meeting the Primary Care Needs of MS Patients"

March 13 & 14, 4:00-5:00 PM EST

Physicians' CME—0.75 hrs.

Speaker—John F. Kurtzke, MD
"Epidemiology of Multiple Sclerosis"

March 21 & 22, 12 Noon-1:00 PM EST

Nurses' CEU—0.9 hrs.

Speaker—Robert Kane, PhD
"Cognitive Changes in MS Patients"

CMSC ABSTRACT SUBMISSION FORM

The Challenges of Care & Research in MS * May 30–June 2, 2007 * Washington, DC 2007

Contact Person's Information: (Please note that all correspondence will be made through the contact person)

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Affiliation: _____
Mailing Address: _____
City: _____ State/Province: _____ Country: _____ Zip Code: _____
Phone Number: _____ Fax Number:_____
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Name: _____ Professional Credentials: _____
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Email Address:_____

Corresponding Authors: _____
_____
Title of Submission: _____
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Please check type of presentation preferred:

The Review Committee reserves the right to reassign submissions to a different type of presentation as deemed necessary.

Platform: Poster Platform or Poster Work-In-Progress

Please check if you would like your submission to be considered for the following awards:

(Note: All authors who have chosen to be considered for an award are requested to attend the business meeting on Saturday, June 3):

Biogen Idec Research Award Berlex Award - Patient and Family Education
Abstract Author's Acknowledgment, Concurrence and Disclosure Statement: The Authors have read and agreed with the content of this abstract submitted to the Consortium of Multiple Sclerosis Centers Annual Meeting. Acknowledged below is all support for related studies relating to abstract. If, within the past five years, an author or immediate family member has had a substantial personal financial relationship relating to the support of the abstract, this relationship must be described briefly on a separate sheet. Such relationships include salaries, ownership, equity positions, stock options, royalties, consulting fees and honoraria for speaking, material support and other financial arrangements. All sources of funding support, including public, for the work described will be published with the abstract in the Proceedings.

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First Author's Signature and Date: _____